

# Advancement of tele-expertise in dentistry may be necessary for the early diagnosis of oral cancers

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## DESCRIPTION

The Covid-19 pandemic is driving the development of telemedicine at the moment. This innovation can assist with working on the nature of clinical consideration and the suitable emergency of patients, particularly in districts and regions where access is restricted for geological, social or wellbeing reasons. With tele-expertise in particular, oral dermatology can benefit from this technology. The fact that the oral cavity is at the intersection of several medical specialties and oral health specialists and is anatomically complex contributes to a somewhat chaotic patient care pathway. This is especially true when diagnosing lip and oral ulcerations. In addition to the numerous physiological variations, the clinician may become perplexed by the numerous differential diagnoses that must be considered [1].

The combination of telemedicine and oral cavity photography is becoming increasingly interesting for oral medicine because of the ease with which many oral lesions can be seen. Although telemedicine will never replace a face-to-face appointment for a traditional oral examination tele-expertise provides the opportunity to refer to a specialist in order to obtain an expert opinion and adapt the treatment more quickly. This is made possible by the rapid transfer of photographs between health professionals [2,3].

Oral malignant growth is a significant general medical condition, influencing a rising number of young fellows and ladies. Potentially malignant oral lesions, which are easily photographed lesions, frequently appear before oral cancer. However, due to a lack of cost-incentives in primary care delivery, oral lesions with the potential to become cancer are not given sufficient priority by the dental profession. Dental professionals must also learn how to identify, refer, and treat patients with oral lesions that have the potential to become cancerous.

The establishment of a network of referent tele-experts to support the other health professions, such as general practitioners and dentists, ENT specialists, and dermatologists, would have the dual objective of reducing diagnostic delays for cancers of the oral mucosa in primary care and rationalizing the use of care resources. Dentists who specialize in oral dermatology or oral medicine are certainly a relevant resource to rapidly orient the diagnosis of these lesions. For primary care dentists to communicate with secondary-care facilities to manage detected cases, teleexpertise may be an important tool.

An expert in the management of a 27-year-old woman's

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persistent labial lesion was contacted by the dental specialist at the cancer center's oral medicine department consultation service. At the time of presentation, this patient described a six-month history of recurrent upper lip lesions resembling herpes simplex superinfection. She initially received oral valaciclovir 500 mg daily for six months from her family doctor without success.

The general practitioner requested a tele-expertise due to the lesion's persistent aspect. On the expert practitioner's secure messaging system, he sent a picture of the labial lesion as well as a document that summarized the patient's medical history and the treatment that was prescribed for the oral lesion. An irregular, crusty, red plaque was observed in the photograph. The specialist scheduled an in-person appointment due to the persistent nature of this labial lesion and suspicion of a potentially cancerous oral lesion. On her upper lip, a painless, irregular, crusty, red plaque was discovered during examination. The patient did not have any other oral, genital, or cutaneous lesions. She was healthy from a medical standpoint, did not smoke, or take any medication [4].

It is concerning that oral lesions that might be cancerous are not followed up on immediately after they are discovered. Oral lesions with the potential to become cancerous, like the oral lichen planus in this instance, can occur before oral cancers. This is typically the kind of circumstance in which the current system is frequently lacking and an early diagnosis is of great interest. Through this case, we want to show how a dentist could perfectly fit in as a fast-response expert in a tele-expertise network that was put to use in primary care. Lesions of the oral mucosa,

in particular, perfectly demonstrate this collaboration and require promotion.

Tele-expertise also makes it easier to get care; Better care can now be provided to those who do not normally have access to an oral dermatology specialist. The use of teleexpertise as a means of communication between specialists and general practitioners is fascinating. This expansion of the act of dentistry requires the utilization of devoted, secure stages to talk about cases between medical services experts. Because they are legal documents and a part of the patient's record, telemedicine guidelines require that accompanying information and photographs be sent securely. To maintain patient confidentiality, they must be transmitted and stored securely.

This case report not just contends for tele-ability between wellbeing experts (and between clinical specialists) yet additionally opens the discussion based on this movement in conditions of security and monetary valuation. In order to bring an end to these symbiotic disparities, we urge health departments to consider altering policies and enhancing access to care for disadvantaged populations. An initial regulatory and financial framework for this new tele-expertise service may be provided by the existence of cancer reference centers in France that provide multidisciplinary care [5].

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## CONFLICT OF INTEREST

None.

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